



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31 , 2005
OF THE CONDITION AND AFFAIRS OF THE

Northern National Life Insurance Co of RI

NAIC Group Code 0000 , 0000 NAIC Company Code 87564 Employer's ID Number 05-0376183
(Current Period) (Prior Period)

Organized under the Laws of Rhode Island , State of Domicile or Port of Entry Rhode Island

Country of Domicile US

Incorporated / Organized April 14 , 1977 Commenced Business April 14 , 1977

Statutory Home Office One Home Loan Plaza , Warwick , Rhode Island 02886
(Street and Number , City or Town , State and Zip Code)

Main Administrative Office One Home Loan Plaza , Warwick , Rhode Island 02886 401-739-8800 Ext 281
(Street and Number , City or Town , State and Zip Code) (Area Code) (Telephone Number)

Mail Address One Home Loan Plaza , Warwick , Rhode Island 02886
(Street and Number , City or Town , State and Zip Code)

Primary Location of Books and Records One Home Loan Plaza , Warwick , Rhode Island 02886
(Street and Number , City or Town , State and Zip Code)
401-739-8800 Ext 281
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact David Tetreault 401-739-8800 Ext 281
(Name) (Area Code) (Telephone Number) (Extension)
dtetreault@homeloanbank.com 401-739-9675
(E-Mail Address) (Fax Number)

Policyowner Relations Contact One Home Loan Plaza , Warwick , Rhode Island 02886 401-739-8800 Ext 281
(Street and Number , City or Town , State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

- 1 . John M Murphy (President)
- 2 . Brian J Murphy (Secretary)
- 3 . John M Murphy (Treasurer)
- 4 . Gary Fagg (Actuary)

OTHER OFFICERS

Peter Lachappelle (Operating Officer)

DIRECTORS OR TRUSTEES

John M. Murphy
Gracilda Murphy
Brian J. Murphy

State of Rhode Island }
County of Kent } SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John M Murphy Brian J Murphy John M Murphy
President Secretary Treasurer

Subscribed and sworn to before me this day of 2006

a. Is this an original filing? Yes (X) No ()

b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Northern National Life Insurance Co of RI

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2005

NAIC Group Code: 0000

NAIC Company Code: 87564

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Line 1 to Line 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1. Paid in cash or left on deposit					
6.2. Applied to pay renewal premiums					
6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4. Other					
6.5. Totals (Sum of Line 6.1 to Line 6.4)					
Annuities:					
7.1. Paid in cash or left on deposit					
7.2. Applied to provide paid-up annuities					
7.3. Other					
7.4. Totals (Sum of Line 7.1 to Line 7.3)					
8. Grand Totals (Line 6.5 plus Line 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year ..										
17. Incurred during current year:										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.3 plus Line 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care productsand number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Northern National Life Insurance Co of RI

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2005

NAIC Group Code: 0000

NAIC Company Code: 87564

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Line 1 to Line 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1. Paid in cash or left on deposit					
6.2. Applied to pay renewal premiums					
6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4. Other					
6.5. Totals (Sum of Line 6.1 to Line 6.4)					
Annuities:					
7.1. Paid in cash or left on deposit					
7.2. Applied to provide paid-up annuities					
7.3. Other					
7.4. Totals (Sum of Line 7.1 to Line 7.3)					
8. Grand Totals (Line 6.5 plus Line 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year ..										
17. Incurred during current year:										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.3 plus Line 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care productsand number of persons insured under indemnity only products

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Form for Calculating the IMR, Interest Maintenance Reserve
NONE

Form for Calculating the IMR, Amortization
NONE

Page 30

Asset Valuation Reserve
NONE

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Columns 1+2+3)	5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
LONG-TERM BONDS												
1	1 2 3 4 5 6 7 8	Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
2		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
3		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
4		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
5		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
6		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
7		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
8		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9	Total Bonds (Sum of Line 1 through Line 8) (Page 2, Line 1, Net Admitted Asset)			XXX	XXX		XXX		XXX		XXX	
PREFERRED STOCKS												
10	1 2 3 4 5 6	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
11		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
12		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
13		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
14		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
15		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
16		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17	Total Preferred Stocks (Sum of Line 10 through Line 16) (Page 2, Line 2.1, Net Admitted Asset)			XXX	XXX		XXX		XXX		XXX	
SHORT-TERM BONDS												
18	1 2 3 4 5 6	Exempt Obligations	3,438,810	XXX	XXX	3,438,810	0.0000		0.0000		0.0000	
19		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
20		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
21		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
22		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
23		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
24		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
25	Total Short-term Bonds (Sum of Line 18 through Line 24)		3,438,810	XXX	XXX	3,438,810	XXX		XXX		XXX	

ASSET VALUATION RESERVE (continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Columns 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Columns 4x5)	Factor	Amount (Columns 4x7)	Factor	Amount (Columns 4x9)
DERIVATIVE INSTRUMENTS												
26	1 2 3 4 5 6	Exchange Traded		X X X	X X X		0.0004		0.0023		0.0030	
27		Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
28		High Quality		X X X	X X X		0.0019		0.0058		0.0090	
29		Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
30		Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
31		Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
32		In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
33		Total Derivative Instruments		X X X	X X X		X X X		X X X		X X X	
34		TOTAL (Line 9 plus Line 17 plus Line 25 plus Line 33)	3,438,810	X X X	X X X	3,438,810	X X X		X X X		X X X	
MORTGAGE LOANS												
35		In Good Standing:										
		Farm Mortgages			X X X		(a) 0.0063		(a) 0.0120		(a) 0.0190	
36		Residential Mortgages - Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
37		Residential Mortgages - All Other			X X X		0.0013		0.0030		0.0040	
38		Commercial Mortgages - Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
39		Commercial Mortgages - All Other			X X X		(a) 0.0063		(a) 0.0120		(a) 0.0190	
40		In Good Standing With Restructured Terms			X X X		(b) 0.2800		(b) 0.6200		(b) 1.0000	
		Overdue , Not in Process:										
41		Farm Mortgages			X X X		0.0420		0.0760		0.1200	
42		Residential Mortgages - Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
43		Residential Mortgages - All Other			X X X		0.0025		0.0058		0.0090	
44		Commercial Mortgages - Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
45		Commercial Mortgages - All Other			X X X		0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
46		Farm Mortgages			X X X		0.0000		0.1700		0.1700	
47		Residential Mortgages - Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
48		Residential Mortgages - All Other			X X X		0.0000		0.0130		0.0130	
49		Commercial Mortgages - Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
50		Commercial Mortgages - All Other			X X X		0.0000		0.1700		0.1700	
51		Total Schedule B Mortgages (Sum of Line 35 through Line 50) (Page 2, Line 3, Net Admitted Asset)			X X X		X X X		X X X		X X X	
52		Schedule DA Mortgages			X X X		(c)		(c)		(c)	
53		Total Mortgage Loans on Real Estate (Line 51 plus Line 52)			X X X		X X X		X X X		X X X	

(a) Times the company's experience adjustment factor (EAF) .
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

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AVR, Equity Component and Other Invested Assets
NONE

Page 34

AVR, Equity Component and Other Invested Assets (Cont)
NONE

Page 35

AVR, Equity Component and Other Invested Assets (Cont)
NONE

Page 36

AVR, Replicated (Synthetic) Assets
NONE

Page 37

Schedule A, Verification Between Years
NONE

Schedule B, Verification Between Years
NONE

Schedule BA, Verification Between Years
NONE

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31 , at Book / Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D and DA (Group 1)											
1.1 Class 1											
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals											
2. All Other Governments, Schedules D and DA (Group 2)											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals											
3. States, Territories and Possessions etc., Guaranteed, Schedules D and DA (Group 3)											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31 , at Book / Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated) , Schedules D and DA (Group 6)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
7. Industrial and Miscellaneous (Unaffiliated) , Schedules D and DA (Group 7)											
7.1 Class 1											
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals											
8. Credit Tenant Loans , Schedules D and DA (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Northern National Life Insurance Co of RI

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31 , at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1	2	3	4	5	6	7	8	9	10	11
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total from Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1								XXX	XXX		
10.2 Class 2								XXX	XXX		
10.3 Class 3								XXX	XXX		
10.4 Class 4								XXX	XXX		
10.5 Class 5								XXX	XXX		
10.6 Class 6						(c)		XXX	XXX		
						(c)					
10.7 Totals						(b)	100.0	XXX	XXX		
10.8 Line 10.7 as a % of Column 6						100.0	XXX	XXX	XXX		
11. Total Bonds Prior Year											
11.1 Class 1						XXX	XXX				
11.2 Class 2						XXX	XXX				
11.3 Class 3						XXX	XXX				
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals						XXX	XXX	(b)			
11.8 Line 11.7 as a % of Column 8						XXX	XXX		XXX		
12. Total Publicly Traded Bonds											
12.1 Class 1											XXX
12.2 Class 2											XXX
12.3 Class 3											XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6											XXX
12.7 Totals											XXX
12.8 Line 12.7 as a % of Column 6							XXX	XXX	XXX		XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10							XXX	XXX	XXX		XXX
13. Total Privately Placed Bonds											
13.1 Class 1										XXX	
13.2 Class 2										XXX	
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Column 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							XXX	XXX	XXX	XXX	

(a) Includes \$freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$current year, \$prior year of bonds with Z designations and \$current year, \$prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes \$current year, \$prior year of bonds with 5* designations and \$current year, \$prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31 , At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D and DA (Group 1)											
1.1 Issuer Obligations	3,438,810					3,438,810	100.0	3,344,900		3,438,810	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals	3,438,810					3,438,810	100.0	3,344,900		3,438,810	
2. All Other Governments, Schedules D and DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 Totals											
5. Special Revenue and Special Assessment Obligations etc. , Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Northern National Life Insurance Co of RI

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31 , At Book /Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated) , Schedules D and DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial and Miscellaneous (Unaffiliated) , Schedules D and DA (Group 7)											
7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 Totals											
8. Credit Tenant Loans, Schedules D and DA (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates , Schedules D and DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Northern National Life Insurance Co of RI

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31 , At Book /Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	3,438,810					3,438,810	100.0	XXX XXX	XXX XXX	3,438,810	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								XXX XXX	XXX XXX		
10.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								XXX XXX	XXX XXX		
10.6 Other											
10.7 Totals	3,438,810					3,438,810	100.0	XXX XXX	XXX XXX	3,438,810	
10.8 Line 10.7 as a % of Column 6	100.0					100.0	XXX			100.0	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	3,344,900					XXX XXX	XXX XXX	3,344,900		3,344,900	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						XXX XXX	XXX XXX				
11.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						XXX XXX	XXX XXX				
11.6 Other											
11.7 Totals	3,344,900					XXX XXX	XXX XXX	3,344,900		3,344,900	
11.8 Line 11.7 as a % of Column 8	100.0								XXX	100.0	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	3,438,810					3,438,810	100.0	3,344,900		3,438,810	XXX XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											XXX XXX
12.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											XXX XXX
12.6 Other											
12.7 Totals	3,438,810					3,438,810	100.0	3,344,900		3,438,810	XXX XXX
12.8 Line 12.7 as a % of Column 6	100.0					100.0	XXX	XXX	XXX	100.0	XXX XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	100.0					100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										XXX XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										XXX XXX	
13.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										XXX XXX	
13.6 Other											
13.7 Totals										XXX XXX	
13.8 Line 13.7 as a % of Column 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							XXX	XXX	XXX	XXX	

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	3,344,900			3,344,900	
2. Cost of short-term investments acquired	7,144,039			7,144,039	
3. Increase (decrease) by adjustment	99,871			99,871	
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments					
6. Consideration received on disposal of short-term investments	7,150,000			7,150,000	
7. Book/adjusted carrying value, current year	3,438,810			3,438,810	
8. Total valuation allowance					
9. Subtotal (Line 7 plus Line 8)	3,438,810			3,438,810	
10. Total nonadmitted amounts					
11. Statement value (Line 9 minus Line 10)	3,438,810			3,438,810	
12. Income collected during year					
13. Income earned during year					

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

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Schedule DB, Part A, Verification Between Years
NONE

Schedule DB, Part B, Verification Between Years
NONE

Page 47

Schedule DB, Part C, Verification Between Years
NONE

Schedule DB, Part D, Verification Between Years
NONE

Schedule DB, Part E, Verification of Statement and Fair Values
NONE

Page 48

Schedule DB, Pt. F, Section 1, Replicated (Synthetic) Assets Open
NONE

Page 49

Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets
NONE

Page 50

Sch. F, Claims for Death Losses
NONE

Page 51

Sch. H, Accident and Health Exhibit, Part 1
NONE

Page 52

Sch. H, Accident and Health Exhibit, Part 2
NONE

Sch. H, Accident and Health Exhibit, Part 3
NONE

Sch. H, Accident and Health Exhibit, Part 4
NONE

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Schedule H, Part 5, Health Claims
NONE

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account, Non-Affiliates											
60275	59-0676017	08/01/1989	AMERICAN BANKERS LIFE ASSURANCE CO OF FL	11222 QUAIL ROOST DRIVE, MIAMI, FL	CO/I	1,331,848	42,825	17,286			
0299999 - General Account, Non-Affiliates						1,331,848	42,825	17,286			
0399999 - Total General Account						1,331,848	42,825	17,286			
0799999 - GRAND TOTAL						1,331,848	42,825	17,286			

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Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health
NONE

Page 56

Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses
NONE

Page 57

Sch. S, Pt. 3, Sn. 1, Reinsurance Ceded Life and Related Benefits
NONE

Page 58

Sch. S, Pt. 3, Sn. 2, Reinsurance Ceded Accident and Health
NONE

Page 59

Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies
NONE

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1	2	3	4	5
	2005	2004	2003	2002	2001
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts					
2. Commissions and reinsurance expense allowances					
3. Contract claims					
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserves for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected					
9. Aggregate reserves for life and accident and health contracts					
10. Liability for deposit-type contracts					
11. Contract claims unpaid					
12. Amounts recoverable on reinsurance					
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances unpaid					
16. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Funds deposited by and withheld from (F)					
18. Letters of credit (L)					
19. Trust agreements (T)					
20. Other (O)					

NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 10)	3,750,331		3,750,331
2. Reinsurance (Line 14)			
3. Premiums and considerations (Line 13)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (balance)	210		210
6. Total assets excluding Separate Accounts (Line 24)	3,750,541		3,750,541
7. Separate Account assets (Line 25)			
8. Total assets (Line 26)	3,750,541		3,750,541
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Line 1 and Line 2)	25,517		25,517
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)	45,000		45,000
12. Policyholder dividends/reserves (Line 5 through Line 7)			
13. Premium and annuity considerations received in advance (Line 8)			
14. Other contract liabilities (Line 9)			
15. Reinsurance in unauthorized companies (Line 24.2)			
16. Funds held under reinsurance with unauthorized reinsurers (Line 24.3)		X X X	
17. All other liabilities (balance)	57,419		57,419
18. Total liabilities excluding Separate Accounts (Line 26)	127,936		127,936
19. Separate Account liabilities (Line 27)			
20. Total liabilities (Line 28)	127,936		127,936
21. Capital and surplus (Line 38)	3,622,605	X X X	3,622,605
22. Total liabilities, capital and surplus (Line 39)	3,750,541		3,750,541
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves			
24. Claim reserves			
25. Policyholder dividends/reserves			
26. Premium and annuity considerations received in advance			
27. Liability for deposit-type contracts			
28. Other contract liabilities			
29. Reinsurance ceded assets			
30. Other ceded reinsurance recoverables			
31. Total ceded reinsurance recoverables			
32. Premiums and considerations			
33. Reinsurance in unauthorized companies			
34. Other ceded reinsurance payables/offsets			
35. Total ceded reinsurance payable/offsets			
36. Total net credit for ceded reinsurance			

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Sch. T, Part 2, Interstate Compact Products

NONE

Page 64

Sch. Y, Pt. 2, Insurer's Transactions with any Affiliates

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 460:		
2. Will the Risk-based Capital Report be filed with the NAIC by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
3. Will the Risk-based Capital Report be filed with the state of domicile, if required, by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
4. Will an actuarial opinion be filed by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 440:		
APRIL FILING		
5. Will Management's Discussion and Analysis be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 350:		
6. Will the Life, Health and Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 290:		
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 300:		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

APRIL FILING (cont.)

8. Will the Investment Risks Interrogatories be filed by April 1? YES

EXPLANATION:

BARCODE:

Document Identifier 285:

JUNE FILING

9. Will an audited financial report be filed by June 1? YES

EXPLANATION:

BARCODE:

Document Identifier 220:

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? NO

EXPLANATION:

BARCODE:

Document Identifier 420:



11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? NO

EXPLANATION:

BARCODE:

Document Identifier 360:



12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? NO

EXPLANATION:

BARCODE:

Document Identifier 490:



13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed by March 1? YES

EXPLANATION:

BARCODE:

Document Identifier 371:

14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 be filed by March 1? NO

EXPLANATION:

BARCODE:

Document Identifier 370:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

MARCH FILING (cont.)

15. Will the Workers' Compensation Carve-Out Supplement be filed by March 1? NO

EXPLANATION:

BARCODE:

Document Identifier 495:



16. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? NO

EXPLANATION:

BARCODE:

Document Identifier 465



APRIL FILING

17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? NO

EXPLANATION:

BARCODE:

Document Identifier 330:



18. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? NO

EXPLANATION:

BARCODE:

Document Identifier 280:



19. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? NO

EXPLANATION:

BARCODE:

Document Identifier 230:



20. Will the Accident and Health Policy Experience Exhibit be filed by April 1? NO

EXPLANATION:

BARCODE:

Document Identifier 210:





MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31 , 2005
(To Be Filed by March 1)
FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000

NAIC Company Code 87564

Address (City , State and Zip Code)

Person Completing This Exhibit

None

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2002			Policies Issued in 2003, 2004, 2005				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no , give full and complete details.
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B) .

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SCHEDULE O SUPPLEMENT

Due March 1

For the Year Ended December 31 , 2005

Of The Northern National Life Insurance Co of RI

Address (City , State and Zip Code) :

NAIC Group Code: 0000 NAIC Company Code: 87564 Employer's I.D. Number:

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2001	2 2002	3 2003	4 2004	5 2005(a)
1. Prior	NONE				
2. 2001					
3. 2002					
4. 2003					
5. 2004					
6. 2005	^^^	^^^	^^^	XXX	

Section B - Other Accident and Health

1. Prior	NONE				
2. 2001					
3. 2002					
4. 2003					
5. 2004					
6. 2005	^^^	^^^	^^^	XXX	

Section C - Credit Accident and Health

1. Prior	NONE				
2. 2001					
3. 2002					
4. 2003					
5. 2004					
6. 2005	^^^	^^^	^^^	XXX	

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section D - _____

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2001	2 2002	3 2003	4 2004	5 2005(a)
1. Prior	<div>NONE</div>				
2. 2001					
3. 2002					
4. 2003					
5. 2004					
6. 2005	XXX	XXX	XXX	XXX	

Section E - _____

1. Prior	<div>NONE</div>				
2. 2001					
3. 2002					
4. 2003					
5. 2004					
6. 2005	XXX	XXX	XXX	XXX	

Section F - _____

1. Prior	<div>NONE</div>				
2. 2001					
3. 2002					
4. 2003					
5. 2004					
6. 2005	XXX	XXX	XXX	XXX	

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses

(\$000 OMITTED)

Section G - _____

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2001	2 2002	3 2003	4 2004	5 2005(a)
1. Prior	NONE				
2. 2001					
3. 2002					
4. 2003					
5. 2004					
6. 2005	XXX	XXX	XXX	XXX	

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2001	2 2002	3 2003	4 2004	5 2005(a)
1. Prior	NONE			XXX	.....
2. 2001				XXX	.....
3. 2002				XXX	.....
4. 2003				XXX	.....
5. 2004	XXX	XXX	XXX	.....	.....
6. 2005	XXX	XXX	XXX	XXX	.....

Section B - Other Accident and Health

1. Prior	NONE			XXX	.....
2. 2001				XXX	.....
3. 2002				XXX	.....
4. 2003				XXX	.....
5. 2004 .....				.....	.....
6. 2005	XXX	XXX	XXX	XXX	.....

Section C - Credit Accident and Health

1. Prior	NONE			XXX	.....
2. 2001				XXX	.....
3. 2002				XXX	.....
4. 2003				XXX	.....
5. 2004 .....				.....	.....
6. 2005	XXX	XXX	XXX	XXX	.....

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section D - _____

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2001	2 2002	3 2003	4 2004	5 2005(a)
1. Prior	<div>NONE</div>			XXX	.....
2. 2001				XXX	.....
3. 2002				XXX	.....
4. 2003				XXX	.....
5. 2004				XXX	.....
6. 2005	XXX	XXX	XXX	XXX	.....

Section E - _____

1. Prior	<div>NONE</div>			XXX	.....
2. 2001				XXX	.....
3. 2002				XXX	.....
4. 2003				XXX	.....
5. 2004				XXX	.....
6. 2005	XXX	XXX	XXX	XXX	.....

Section F - _____

1. Prior	<div>NONE</div>			XXX	.....
2. 2001				XXX	.....
3. 2002				XXX	.....
4. 2003				XXX	.....
5. 2004				XXX	.....
6. 2005	XXX	XXX	XXX	XXX	.....

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section G - _____

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2001	2 2002	3 2003	4 2004	5 2005(a)
1. Prior	<div>NONE</div>			XXX	.....
2. 2001				XXX	.....
3. 2002				XXX	.....
4. 2003				XXX	.....
5. 2004	XXX	XXX	XXX	.....	.....
6. 2005				XXX	.....

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
			3	2004	2005
1. 2001	NONE				
2. 2002					
3. 2003					
4. 2004					
5. 2005					
	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2001	NONE				
2. 2002					
3. 2003					
4. 2004					
5. 2005					
	^^^	^^^	^^X	XXX	

Section C - Credit Accident and Health

1. 2001	NONE				
2. 2002					
3. 2003					
4. 2004					
5. 2005					
	^^^	^^^	^^X	XXX	

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section D - _____

Year in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
				3	2004	2005
1. 2001	.....	NONE				
2. 2002	.....				
3. 2003	.....				
4. 2004	.....				
5. 2005	.....				
		XXX	XXX	XXX	XXX	

Section E - _____

1. 2001	NONE				
2. 2002	.....				
3. 2003	.....				
4. 2004	.....				
5. 2005	.....				
		XXX	XXX	XXX	XXX	

Section F - _____

1. 2001	NONE				
2. 2002	.....				
3. 2003	.....				
4. 2004	.....				
5. 2005	.....				
		XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section G - _____

Year in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
				3	2004	2005
1. 2001	.....	NONE				
2. 2002	.....				
3. 2003	.....				
4. 2004	.....				
5. 2005	.....				
		XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
			3	2004	2005
1. 2001	NONE				
2. 2002					
3. 2003					
4. 2004					
5. 2005					
	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2001	NONE				
2. 2002					
3. 2003					
4. 2004					
5. 2005					
	^^^	^^^	^^X	XXX	

Section C - Credit Accident and Health

1. 2001	NONE				
2. 2002					
3. 2003					
4. 2004					
5. 2005					
	^^^	^^^	^^X	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

Reserve and Liability Methodology - Exhibits 6 and 8
(\$000 OMITTED)

Line of Business	1 Methodology	2 Amount
1. Industrial Life	NONE	
2. Ordinary Life		
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Accident and Health		
8. Credit Accident and Health		
9. Other Accident and Health		
10. Total		

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section D - _____

Year in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
				3	2004	2005
1. 2001	.....	NONE				
2. 2002	.....				
3. 2003	.....				
4. 2004	.....				
5. 2005	.....				
		XXX	XXX	XXX	XXX	

Section E - _____

1. 2001	NONE				
2. 2002	.....				
3. 2003	.....				
4. 2004	.....				
5. 2005	.....				
		XXX	XXX	XXX	XXX	

Section F - _____

1. 2001	NONE				
2. 2002	.....				
3. 2003	.....				
4. 2004	.....				
5. 2005	.....				
		XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section G - _____

Year in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
				3	2004	2005
1. 2001	.....	NONE				
2. 2002	.....				
3. 2003	.....				
4. 2004	.....				
5. 2005	.....	XXX	XXX	XXX	XXX	.....



LIFE, ACCIDENT AND HEALTH SUPPLEMENT FOR THE YEAR 2005
OF THE U. S. BRANCH OF THE Northern National Life Insurance Co of RI

TRUSTEED SURPLUS STATEMENT

AFFIDAVIT OF U. S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

being duly sworn, says that he/she is the of the Northern National Life Insurance Co of RI, a corporation organized under the laws of , entered to transact business in the United States through the State of , that this trusted surplus statement together with its related schedules appended hereto is a true statement of the trusted surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this
day of A.D., 2005

AFFIDAVIT OF TRUSTEE - SCHEDULE B

being sworn, say that it is the Trustee of the Northern National Life Insurance Co of RI, a corporation organized under the laws of , entered to transact business in the United States through the State of , located at , that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this
day of A.D., 2005

NONE

AFFIDAVIT OF TRUSTEE - SCHEDULE C

being sworn, say that it is the Trustee of the Northern National Life Insurance Co of RI, a corporation organized under the laws of , entered to transact business in the United States through the State of , located at , that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this
day of A.D., 2005

AFFIDAVIT OF TRUSTEE - SCHEDULE D

being sworn, say that it is the Trustee of the Northern National Life Insurance Co of RI, a corporation organized under the laws of , entered to transact business in the United States through the State of , located at , that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this
day of A.D., 2005

TRUSTEED SURPLUS STATEMENT
ASSETS
SCHEDULE A - DEPOSITS WITH STATE OFFICERS
(EXCLUDING SPECIAL DEPOSITS)

1	2	3	4	5
Line Number	Description	Admitted Asset Value	Par Value	Fair Value

NONE

SCHEDULE B - DEPOSITS WITH UNITED STATES TRUSTEE

2.01	Cash			
2.02	Bonds			
2.03	Preferred Stock			
2.04	Common Stock			
2.05	Mortgage Loans on Real Estate			
2.06	Real Estate			
2.07	Short-Term Investment			
2.08	Other Invested Assets			
2.09	Miscellaneous Assets not included in any of the above categories			
2.98	Accrued Investment Income		XXX	XXX
2.99	Totals			

SCHEDULE C - DEPOSITS WITH UNITED STATES TRUSTEE

3.01	Cash			
3.02	Bonds			
3.03	Preferred Stock			
3.04	Common Stock			
3.05	Mortgage Loans on Real Estate			
3.06	Real Estate			
3.07	Short-Term Investment			
3.08	Other Invested Assets			
3.09	Miscellaneous Assets not included in any of the above categories			
3.98	Accrued Investment Income		XXX	XXX
3.99	Totals			

SCHEDULE D - DEPOSITS WITH UNITED STATES TRUSTEE

4.01	Cash			
4.02	Bonds			
4.03	Preferred Stock			
4.04	Common Stock			
4.05	Mortgage Loans on Real Estate			
4.06	Real Estate			
4.07	Short-Term Investment			
4.08	Other Invested Assets			
4.09	Miscellaneous Assets not included in any of the above categories			
4.98	Accrued Investment Income		XXX	XXX
4.99	Totals			

TRUSTEED SURPLUS STATEMENT

LIABILITIES AND TRUSTEED SURPLUS

	Current Year
1. Total Liabilities	
ADDITIONS TO LIABILITIES:	
2. Aggregate write-ins for additions to liabilities	
3. Total (Line 1 plus Line 2)	
DEDUCTIONS FROM LIABILITIES:	
4. Amounts Recoverable From Reinsurers:	
4.1 Authorized Companies	
4.2 Unauthorized Companies	
5. Special State Deposits, not exceeding net liabilities carried:	
5.1 Special State Deposits (submit schedule)	
5.2 Accrued interest on special state deposits	
6. Life insurance premiums and annuity considerations deferred and uncollected	
7. Accident and health premiums due and unpaid	
8. Policy loans and premium notes:	
8.1 Policy loans not exceeding reserves carried on suc	
8.2 Premium notes	
8.3 Interest due and accrued on policy loans and prem	
9. Aggregate write-ins for other deductions from liabilities	
NONE	
10. Total Deductions (Line 4.1 through Line 9)	
11. Total Adjusted Liabilities (Line 3 minus Line 10)	
12. Trusteed Surplus	
13. Total	
DETAILS OF WRITE-INS	
0201.	
0202.	
0203.	
0298. Summary of remaining write-ins for Line 2 from overflow page	
0299. Totals (Line 0201 through Line 0203 plus Line 0298) (Line 2 above)	
0901.	
0902.	
0903.	
0998. Summary of remaining write-ins for Line 9 from overflow page	
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)	



WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

For the year ended December 31, 2005
To Be Filed by March 1

Of The Northern National Life Insurance Co of RI

Address (City, State, Zip Code):

NAIC Group Code: 0000

NAIC Company Code: 87564

Employers' ID Number:

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1	2	3	4
	Net Premiums Written per Column 5, Part 2	Unearned Premiums December 31 Prior Year	Unearned Premiums December 31 Current Year	Premiums Earned During Year (Columns 1 plus 2 minus 3)
1. Workers' Compensation Carve-Out	NONE	.....	.....

PART 2 - PREMIUMS WRITTEN

Line of Business	Reinsurance Assumed		Reinsurance Ceded		5 Net Premiums Written (Columns 1 plus 2 minus 3 minus 4)
	1 From Affiliates	2 From Non-Affiliates	3 To Affiliates	4 To Non-Affiliates	
1. Workers' Compensation Carve-Out	NONE	.....	.....

PART 3 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid			4 Net Losses Unpaid Current Year (Part 4, Column 6)	5 Net Losses Unpaid Prior Year	6 Losses Incurred Current Year (Columns 3 plus 4 minus 5)	7 Percentage of Losses Incurred (Column 6, Part 3) to Premiums Earned (Column 4, Part 1)
	1 Reinsurance Assumed	2 Reinsurance Recovered	3 Net Payments (Columns 1 - 2)				
1. Workers' Compensation Carve-Out	NONE	.....	.....	.....	.....

PART 4 - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses			Incurred But Not Reported		6 Net Losses Unpaid (Columns 3 plus 4 minus 5)	7 Unpaid Loss Adjustment Expenses
	1 Reinsurance Assumed	2 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	3 Net Losses Excluding Incurred But Not Reported (Columns 1 - 2)	4 Reinsurance Assumed	5 Reinsurance Ceded		
1. Workers' Compensation Carve-Out	NONE	.....	.....	.....	.....

WC-1

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Northern National Life Insurance Co of RI

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31 , Current Year (000 Omitted)

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
Federal ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Total (Columns 6 plus 7)	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amounts of Assets Pledged or Collateral Held in Trust

NONE

SCHEDULE F - PART 2

Ceded Reinsurance as of December 31 , Current Year (000 Omitted)

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	(Total) Columns 7 through 14	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers (Columns 15 minus (16 plus 17))	Funds Held by Company Under Reinsurance Treaties

NONE

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P - PART 1
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
	Assumed	Ceded	Net (Columns 1 - 2)	4 Assumed	5 Ceded	6 Assumed	7 Ceded	8 Assumed	9 Ceded	Subrogation Received	Number of Claims Reported- Assumed	
1. Prior	XXX	XXX	XXX								XXX	
2. 1996												
3. 1997												
4. 1998												
5. 1999												
6. 2000												
7. 2001												
8. 2002												
9. 2003												
10. 2004												
11. 2005												
12. Totals	XXX	XXX	XXX								XXX	

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20	Assumed	Ceded			
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded			
1. Prior													
2. 1996													
3. 1997													
4. 1998													
5. 1999													
6. 2000													
7. 2001													
8. 2002													
9. 2003													
10. 2004													
11. 2005													
12. Totals													

NONE

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 1996											
3. 1997											
4. 1998											
5. 1999											
6. 2000											
7. 2001											
8. 2002											
9. 2003											
10. 2004											
11. 2005											
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (Continued)

SCHEDULE P - PART 2

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$ 000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1. Prior												
2. 1996												
3. 1997	XXX											
4. 1998	XXX	XXX										
5. 1999	XXX	XXX	XXX									
6. 2000	XXX	XXX	XXX									
7. 2001	XXX	XXX	XXX									
8. 2002	XXX	XXX	XXX									
9. 2003	XXX	XXX	XXX									
10. 2004	XXX	XXX	XXX									XXX
11. 2005	XXX	XXX	XXX								XXX	XXX
12. Totals												

SCHEDULE P - PART 3

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$ 000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005		
1. Prior	0 0 0											
2. 1996												
3. 1997	XXX											
4. 1998	XXX	XXX										
5. 1999	XXX	XXX	XXX									
6. 2000	XXX	XXX	XXX									
7. 2001	XXX	XXX	XXX									
8. 2002	XXX	XXX	XXX									
9. 2003	XXX	XXX	XXX									
10. 2004	XXX	XXX	XXX									
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (Continued)

SCHEDULE P - PART 4

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$ 000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior			NONE							
2. 1996										
3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX								
6. 2000	XXX	XXX								
7. 2001	XXX	XXX								
8. 2002	XXX	XXX								
9. 2003	XXX	XXX								
10. 2004	XXX	XXX								
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior			NONE							
2. 1996										
3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX								
6. 2000	XXX	XXX								
7. 2001	XXX	XXX								
8. 2002	XXX	XXX								
9. 2003	XXX	XXX								
10. 2004	XXX	XXX					XXX			
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF ASSUMED CLAIMS OUTSTANDING AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior			NONE							
2. 1996										
3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX								
6. 2000	XXX	XXX								
7. 2001	XXX	XXX								
8. 2002	XXX	XXX								
9. 2003	XXX	XXX								
10. 2004	XXX	XXX					XXX			
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior			NONE							
2. 1996										
3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX								
6. 2000	XXX	XXX								
7. 2001	XXX	XXX								
8. 2002	XXX	XXX								
9. 2003	XXX	XXX								
10. 2004	XXX	XXX								
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (Continued)

SCHEDULE P - PART 6
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE ASSUMED PREMIUMS EARNED AT YEAR END (\$ 000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	
1. Prior											
2. 1996											
3. 1997	XXX										
4. 1998	XXX	XXX									
5. 1999	XXX	XXX									
6. 2000	XXX	XXX									
7. 2001	XXX	XXX									
8. 2002	XXX	XXX									
9. 2003	XXX	XXX									
10. 2004	XXX	XXX									
11. 2005	XXX	XXX							XXX XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
13. Earned Premiums (Schedule P, Part 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE CEDED PREMIUMS EARNED AT YEAR END (\$ 000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	
1. Prior											
2. 1996											
3. 1997	XXX										
4. 1998	XXX	XXX									
5. 1999	XXX	XXX									
6. 2000	XXX	XXX									
7. 2001	XXX	XXX									
8. 2002	XXX	XXX									
9. 2003	XXX	XXX									
10. 2004	XXX	XXX									
11. 2005	XXX	XXX							XXX XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
13. Earned Premiums (Schedule P, Part 1)											XXX